

2152<sup>820</sup>

|   |                        |                |
|---|------------------------|----------------|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) | Application Number     | 10/039,156     |
|   | Filing Date            | 12/31/2001     |
|   | First Named Inventor   | Reem Safadi    |
|   | Group Art Unit         | 2152           |
|   | Examiner Name          | Kimberly White |
| Total Number of Pages in this Submission  | Attorney Docket Number | D2832          |

| ENCLOSURES  |   | (check all that apply)  |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form                                   | <input type="checkbox"/> Assignment Papers<br>(for an Application)  | <input type="checkbox"/> After Allowance<br>Communication to Group                            |
| <input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences        |
| <input type="checkbox"/> Amendment/Reply  | <input type="checkbox"/> Licensing-Related papers   | <input type="checkbox"/> Appeal Communication to Group<br>{Appeal Notice, Brief, Reply Brief} |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/Declaration(s)                              | <input type="checkbox"/> Petition to Convert to a<br>Provisional Application                              | <input type="checkbox"/> Status Letter with appropriate copies                                |
| <input type="checkbox"/> Extension of time Request                              | <input checked="" type="checkbox"/> Power of Attorney, Revocation,<br>Change of Correspondence<br>Address | <input type="checkbox"/> Other Enclosure(s) (please identify below)                           |
| <input type="checkbox"/> Express Abandonment Request                            | <input type="checkbox"/> Terminal Disclaimer  | <input type="checkbox"/> Response to Restriction Requirement                                  |
| <input type="checkbox"/> Information Disclosure Statement                       | <input type="checkbox"/> Request for Refund   | <input type="checkbox"/> Associate Power of Attorney  |
| <input type="checkbox"/> Certified Copy of Priority Documents                   | <input type="checkbox"/> CD, Number of CDs  | <input type="checkbox"/> RCE  |
| <input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application   | Remarks   | <input type="checkbox"/> Copy of Notice to File Missing Parts                                 |
| <input type="checkbox"/> Response to Missing Parts<br>Under 37 CFR 1.52 or 1.53 |   |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                  |                  |        |
|--|------------------|------------------|--------|
| Firm or Individual                         | Robert P. Marley | Registration No. | 32,914 |
| Signature                                  |                  |                  |        |
| Date                                       | 6.2.05           |                  |        |

| CERTIFICATE OF TRANSMITTAL/MAILING  |                |
|---|----------------|
| I hereby certify that this correspondence is being facsimile transmitted to facsimile number _____ or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to:<br>Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below: |                |
| Typed or printed name   | Carol J. Smith |
| Signature   |                |
| Date  | June 6, 2005   |



|   |                               |                |
|---|-------------------------------|----------------|
| <b>REVOCATION OF POWER OF ATTORNEY AND APPOINTMENT OF NEW POWER OF ATTORNEY</b> | <b>Application Number</b>     | 10/039,156     |
|   | <b>Filing Date</b>            | 12/31/2001     |
|   | <b>First Named Inventor</b>   | Reem Safadi    |
|   | <b>Art Unit</b>               | 2152           |
|   | <b>Examiner Name</b>          | Kimberly White |
|   | <b>Attorney Docket Number</b> | D2832          |

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners at Customer Number : 000043471

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with Customer Number: 000043471

**OR**

☒ Firm or Individual Name Motorola, Inc.

Address 101 Tournament Drive

Address \_\_\_\_\_

City Horsham

State PA Zip 19044

Country United States of America

Telephone 215-323-1907 Fax 215-323-1300

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

|                  |                                       |
|------------------|---------------------------------------|
| <b>Name</b>      | Robert P. Marley, Assistant Secretary |
| <b>Signature</b> |                                       |
| <b>Date</b>      | 6.2.05                                |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \* Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.